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	PLACE OF BIRTH  County of BUREAU OF VITAL STATISTICS 127 State Index No. 87  District of ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 205  City of (No. St; Ward)
	FULL NAME OF CHILD And Oracic Committee Supplemental Report on blank obtainable from local resistrar.  Sex of Male Twin, Triplet or other of birth mate?  Born YES  Number Legitic Date of Lil Birth (Morsh) (Day) (Vr.)
699 40 20 42 42 42	Full FATHER  Residence  Color or Race  Birthplace  Occupation  Color of Color (Years)  Birthplace  Color of Race  Color or Race  Color of Rac
Z	Number of child of this mother
The second secon	I hereby certify that I attended the birth of the above child; and that it occurred on \$\frac{1}{2}\$, at \$\frac{1}{2}\$ M.  \[ \begin{cases} \text{*When there is no attending physician or midwife, then the householder should make this return.} \end{cases} \]  (Signature)  (Attending physician, midwife, householder.)  Siven or Christian name added from a supplemental report  Filed \$\frac{1}{2}\$ 1910.  LOCAL REGISTRAR.
	COUNTY REGISTRAR.  Filed Quy 5 1912.  COUNTY REGISTRAR.  COUNTY REGISTRAR.